



MONASH UNIVERSITY SCHOOL HOLIDAY PROGRAM ASTHMA MANAGEMENT PLAN

The information on this form is collected for the primary purpose of managing your child's asthma during the holiday program. Other purposes for collection are to ensure the appropriate medication is given. If you choose not to complete all the questions on this form, it may not be possible for Monash Family and Child Care Service to administer medication to your child. Personal information may also be disclosed to medical staff. You have right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6043.

This Record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform School Holiday Program Co-ordinator immediately if there are any changes to the management plan. Please tick () the appropriate box and print your answers clearly in the blank spaces where indicated.

Child's Name _____

	<i>(please circle)</i>		Age	_____	Date Of birth	_____	Group	_____
Gender	Male	Female						
Emergency Contacts			Phone details	_____		_____		_____
Name	_____		(h)		(w)		(m)	
Name	_____		(h)		(w)		(m)	
Doctor's Name	_____		phone	_____		mobile		_____
Ambulance Subscription	<i>(please circle)</i>		Subscriber Number	_____		Medicare Number		_____
	Yes	no						

USUAL ASTHMA MANAGEMENT PLAN

Usual signs of child's asthma	
Wheezing	<input type="checkbox"/>
Tightness in Chest	<input type="checkbox"/>
Coughing	<input type="checkbox"/>
Difficulty in breathing	<input type="checkbox"/>
Difficulty in speaking	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>

Worsening signs of child's asthma	
Wheezing	<input type="checkbox"/>
Tightness in Chest	<input type="checkbox"/>
Coughing	<input type="checkbox"/>
Difficulty in breathing	<input type="checkbox"/>
Difficulty in speaking	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>

What triggers the child's asthma?	
Exercise	<input type="checkbox"/>
Colds/Viruses	<input type="checkbox"/>
Pollens	<input type="checkbox"/>
Dust	<input type="checkbox"/>
Other Triggers (please indicate)	<input type="checkbox"/>

Does your child need assistance taking their medication? Y N

Medication requirements usually taken at school: (including preventers, symptom controllers, medication before exercise)		
Name of Medication	Method (e.g. puffer & spacer, turbuhaler)	When, and how much

MONASH UNIVERSITY
SCHOOL HOLIDAY PROGRAM MANAGEMENT PLAN

Asthma First Aid Plan

Please tick () preferred First Aid Plan: **Please note - a doctor's signature is only required if an individual plan is being written for your child. You may already have an individualised plan prepared by your family doctor for your child. Please photocopy and return with this form.**

School Holiday Program Asthma Policy for Emergency Treatment of an Asthma Attack

(The School Holiday Program Asthma Policy, Emergency Treatment and First Aid Plan is based on the Victorian Schools Asthma Policy)

(adapted from Section 4.5.7.8 of Department of Education Schools of the Future Reference Guide).

1. Sit the child down and remain calm to reassure the student.
2. Without delay shake a blue reliever puffer (Ventolin, Airomir, Asmol or Bricanyl) and give 4 separate puffs, through a spacer (spacer technique – 1 puff/take 4 breaths from spacer, repeat until 4 puffs have been given).
3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
4. Wait 4 minutes. If there is no improvement, call an ambulance (dial 000) immediately and state that “**a child is having an asthma attack**”.
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

This section can be used for your child's asthma emergency plan, and if it does vary from your child's asthma plan, it must be completed and signed by a doctor.

Child's Emergency Treatment (if different from above)

- In the event of an asthma attack at the school holiday program, I agree to my son/daughter receiving the treatment described above.
- I authorise school holiday program staff with Level 2 First Aid Certificates to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- Please notify me if my child regularly has asthma symptoms during the school holiday program.
- I also agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: _____ **Date** ____/____/____

Doctor's Signature: _____ **Date** ____/____/____

For further information about asthma management, the Victorian Schools Asthma Policy and the Asthma Friendly Schools Program you may be interested to contact Asthma Victoria (03) 9326 7088 or visit Asthma Victoria's website www.asthma.org.au